

Substitute for form 1449A/PTO				Application Number	Not Yet Known
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				Filing Date	Herewith
				First Named Inventor	Barry M. Thompson
				Art Unit	Not Yet Known
				Examiner Name	Not Yet Known
				Sheet	1

### U.S. PATENT DOCUMENTS

*Examiner Initials	Cite No.	DOCUMENT NUMBER Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
MGB		US- 4,692,140	9-8-1987	Olson	
MGB		US- 4,764,165	8-16-1988	Reimels et al.	
MGB		US- 4,921,492	5-1-1990	Schultz et al.	
MGB		US- 5,015,243	5-14-1991	Schifano	
MGB		US- 5,226,939	7-13-1993	Nicolas et al.	
MGB		US- 5,234,428	8-10-1993	Kaufman	
MGB		US- 5,674,219	10-7-1997	Monson et al.	
MGB		US- 5,722,949	3-3-1998	Sanese	
MGB		US- 5,868,722	2-9-1999	Yeh et al.	
MGB		US- 5,941,873	8-24-1999	Korenfeld	
MGB		US- 6,110,259	8-29-2000	Schultz et al.	
		US-			
		US-			
		US-			

### FOREIGN PATENT DOCUMENTS

*Examiner Initial	Cite No.	FOREIGN PATENT DOCUMENT		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	TRANSLATION	
		Country Code:	Number - Kind Code (if known)				YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE *MGB*

DATE CONSIDERED *12/01/2004*

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Substitute for form 1449A/PTO				Application Number	Not Yet Known
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(use as many sheets as necessary)</i>				Filing Date	H r with
				First Named Inventor	Barry M. Thompson
				Art Unit	Not Yet Known
				Examiner Name	Not Yet Known
Sheet	2	of	2	Attorney Docket Number	6956.07

### OTHER DOCUMENTS - NON-PATENT LITERATURE DOCUMENTS

*Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	TRANSLATION	
			YES	NO
MbB		Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR. <u>Special Articles: Guidelines for Prevention of Surgical Site Infection, 1999. AJIC 1999 April; 27(2):97-118, 100, 110-111, 118.</u>	<input type="checkbox"/>	<input type="checkbox"/>
MbB		Enggaard TP, Moller-Larsen F. <u>Influence of local air suction on the density of air-borne bacteria during cementation of alloplastics. Ugeskr Laeger 1997 Feb 10; 159(7):952-5, National Library of Medicine www.ncbi.nlm.nih.gov</u>	<input type="checkbox"/>	<input type="checkbox"/>
MbB		Friberg B. <u>Ultraclean laminar airflow ORs, AORN J 1998 Apr; 67(4):841-2, 845-51, National Library of Medicine www.ncbi.nlm.nih.gov</u>	<input type="checkbox"/>	<input type="checkbox"/>
MbB		Friberg BE, Friberg S, Burman LG. <u>Zoned vertical ultraclean operating room ventilation. A novel concept making long side walls unnecessary. Acta Orthop Scand 1996 Dec; 67(6):578-82, National Library of Medicine www.ncbi.nlm.nih.gov</u>	<input type="checkbox"/>	<input type="checkbox"/>
MbB		Cornet M, Levy V, Fleury L, Lortholary J, Barquins S, Coureul MH, Deliere E, Zittoun R, Brucker G, Bouvet A. <u>Efficacy of prevention by high-efficiency particulate air filtration or laminar airflow against Aspergillus airborne contamination during hospital renovation. Infect Control Hosp Epidemiol 1999 Jul; 20(7):508-13, National Library of Medicine www.ncbi.nlm.nih.gov</u>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER SIGNATURE

DATE CONSIDERED

12/01/2004

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.